

PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
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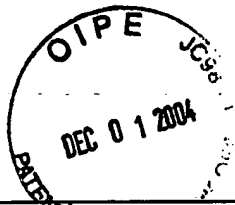
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24998

7590

09/07/2004

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L STREET NW
WASHINGTON, DC 20037-1526



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/663,710

09/17/2003

Luan C. Tran

M4065.0971/P971

2238

12/02/2004 GWORDF2 00000010 10663710

TITLE OF INVENTION: DRAM ACCESS TRANSISTOR AND METHOD OF FORMATION

01 FC:1501

1370.00 OP

02 FC:1504

300.00 OP

03 FC:8001

15.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, TU TU V	2818	257-330000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dickstein Shapiro

X Morin & Oshinsky LLP

X

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Micron Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Five (5)

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date December 1, 2004

Typed or printed name

Thomas J. D'AmicoRegistration No. 28,371

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/663,710-Conf. #2238
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 1, 2004
TOTAL AMOUNT OF PAYMENT (\$) 1,685.00		First Named Inventor	Luan C. Tran
		Examiner Name	T. T. V. Ho
		Art Unit	2818
		Attorney Docket No.	M4065.0971/P971-B

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):		2. EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr></tbody></table> <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>18 - 20 or HP =</td><td>x</td><td></td><td>0.00</td></tr><tr><td colspan="4">HP= highest number of total claims paid for, if greater than 20</td></tr><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr><tr><td>3 - 3 or HP =</td><td>x</td><td></td><td>0.00</td></tr><tr><td colspan="4">HP= highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="2">Multiple Dependent Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td colspan="2"></td><td></td><td></td></tr><tr><td colspan="2">Subtotal (2)</td><td>\$</td><td>0.00</td></tr></tbody></table>		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	18 - 20 or HP =	x		0.00	HP= highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3 - 3 or HP =	x		0.00	HP= highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)					Subtotal (2)		\$	0.00																														
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	28,371 50,515
Name (Print/Type)	Thomas J. D'Amico Gabriela I. Coman	Telephone	(202) 828-2232
		Date	December 1, 2004